

**MULTIPLE DEPENDENT CLAIMS  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-375)**

SERIAL NO.

FILING DATE

APPLICANT(S)

| AS FILED        |      | AFTER<br>INDEPENDENT CLAIMS |      | AFTER<br>DEPENDENT CLAIMS |      |
|-----------------|------|-----------------------------|------|---------------------------|------|
| IND.            | DEP. | IND.                        | DEP. | IND.                      | DEP. |
| 1               |      |                             |      |                           |      |
| 2               |      |                             |      |                           |      |
| 3               |      |                             |      |                           |      |
| 4               |      |                             |      |                           |      |
| 5               |      |                             |      |                           |      |
| 6               |      |                             |      |                           |      |
| 7               |      |                             |      |                           |      |
| 8               |      |                             |      |                           |      |
| 9               |      |                             |      |                           |      |
| 10              |      |                             |      |                           |      |
| 11              |      |                             |      |                           |      |
| 12              |      |                             |      |                           |      |
| 13              |      |                             |      |                           |      |
| 14              |      |                             |      |                           |      |
| 15              |      |                             |      |                           |      |
| 16              |      |                             |      |                           |      |
| 17              |      |                             |      |                           |      |
| 18              |      |                             |      |                           |      |
| 19              |      |                             |      |                           |      |
| 20              |      |                             |      |                           |      |
| 21              |      |                             |      |                           |      |
| 22              |      |                             |      |                           |      |
| 23              |      |                             |      |                           |      |
| 24              |      |                             |      |                           |      |
| 25              |      |                             |      |                           |      |
| 26              |      |                             |      |                           |      |
| 27              |      |                             |      |                           |      |
| 28              |      |                             |      |                           |      |
| 29              |      |                             |      |                           |      |
| 30              |      |                             |      |                           |      |
| 31              |      |                             |      |                           |      |
| 32              |      |                             |      |                           |      |
| 33              |      |                             |      |                           |      |
| 34              |      |                             |      |                           |      |
| 35              |      |                             |      |                           |      |
| 36              |      |                             |      |                           |      |
| 37              |      |                             |      |                           |      |
| 38              |      |                             |      |                           |      |
| 39              |      |                             |      |                           |      |
| 40              |      |                             |      |                           |      |
| 41              |      |                             |      |                           |      |
| 42              |      |                             |      |                           |      |
| 43              |      |                             |      |                           |      |
| 44              |      |                             |      |                           |      |
| 45              |      |                             |      |                           |      |
| 46              |      |                             |      |                           |      |
| 47              |      |                             |      |                           |      |
| 48              |      |                             |      |                           |      |
| 49              |      |                             |      |                           |      |
| 50              |      |                             |      |                           |      |
| TOTAL<br>IND.   | 5    |                             |      |                           |      |
| TOTAL<br>DEP.   | 10   |                             |      |                           |      |
| TOTAL<br>CLAIMS | 22   |                             |      |                           |      |

  

|                 |  |  |  |  |  |
|-----------------|--|--|--|--|--|
| 51              |  |  |  |  |  |
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| 88              |  |  |  |  |  |
| 89              |  |  |  |  |  |
| 90              |  |  |  |  |  |
| 91              |  |  |  |  |  |
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| 93              |  |  |  |  |  |
| 94              |  |  |  |  |  |
| 95              |  |  |  |  |  |
| 96              |  |  |  |  |  |
| 97              |  |  |  |  |  |
| 98              |  |  |  |  |  |
| 99              |  |  |  |  |  |
| 100             |  |  |  |  |  |
| TOTAL<br>IND.   |  |  |  |  |  |
| TOTAL<br>DEP.   |  |  |  |  |  |
| TOTAL<br>CLAIMS |  |  |  |  |  |